

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

ISSUE NO.

FORMS DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP	NO	DEP
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TOTAL NO.	3														

TOTAL NO.